

INDIGENT CARE TRUST FUND ADDENDUM for the 2005 HOSPITAL FINANCIAL SURVEY for HOSPITAL FISCAL YEARS ENDING DURING 2004 and 2005

- IMPORTANT NOTICE ABOUT SURVEY COMPLETION and ACCURACY -

The information and data collected through this survey are used for state regulatory, planning, and reimbursement purposes and are made available to public officials, advocacy groups, health care purchasers, and consumers. The chief executive officer or principal administrator of the facility (who shall attest to the accuracy and completeness of the information provided) and your organization are responsible for ensuring the accuracy of the information and data reported in this survey. The sole responsibility for accuracy resides with the organization and the officials filing the survey. Accuracy at time of submission is particularly important.

This survey is required under O.C.G.A. § 31-6-70 and DCH Rule 111-2-2-.04 and other regulations. The failure to properly submit and/or fully complete all required surveys may adversely affect CON and ICTF determinations. Providing false or inaccurate information may result in adverse regulatory action pursuant to DCH Rules 111-2-2-.04(1)(b), 111-2-2-.05(1)(a)1, and 111-2-2-.05(1)(a)7, other regulations and statutes, and may constitute a crime under O.C.G.A. §§ 16-10-20 and 16-14-1.

INDIGENT CARE TRUST FUND ADDENDUM SURVEY ACCESS FORM

The Indigent Care Trust Fund Addendum of the 2005 Hospital Financial Survey (HFS) is a Microsoft Access database. You must have Microsoft Access 2000 or a later version of Access in order to open the database and complete your survey. **Microsoft Access 97 is no longer supported.**

IF YOU NEED ASSISTANCE

When you are working in the database, you may view these instructions by clicking the Help button found on each form. You can get specific instructions for any **underlined item in blue** on the form by clicking the item.

If you can't find the answer to your problem on the Help screens, check the "Frequently Asked Questions" link on the web page where you downloaded the database. This document will be updated periodically as new questions arise.

If you still have any questions after reviewing the documentation noted above, please contact Margaret Price at (404) 651-7898 or by email at mprice@dch.ga.gov.

INSTRUCTIONS FOR SUBMITTING THE DATABASE

The deadline for filing the completed survey database for your facility is December 15, 2006.

Once you have completed your survey and resolved any data validation issues, you should electronically submit the survey to the Department of Community Health (DCH). **Please do not fax or mail a hard copy.** Follow the steps below to submit your survey:

1. You must sign the Signature Form before submitting the database. The survey will not be deemed complete without an authorized signature.
2. Please be sure to print a copy of your completed forms before submission and retain a copy of the Access file for your records.
3. To submit your database, click the green Upload button on the survey opening screen and follow the on-screen instructions. Email submissions of survey databases will **no longer be accepted**. However, you may send any supplemental documents via email to dchsveys@dch.ga.gov.

Survey Completion Status – Typically, a survey will be considered complete when a signed, completed version is received by the Division of Health Planning. All requested data elements must be provided; edit check, error messages, and validation rules must be addressed or in balance; and the survey must be signed in the appropriate location and manner. Once received and determined to be complete by the Division, the survey is considered a public record. DCH staff may not be able to process your survey immediately due to high volumes of survey submissions. You may follow-up a few days after submitting your survey to make sure your survey has been processed and is considered complete by the Division of Health Planning. The completed survey will be deemed complete on the day it is received by DCH even if it is processed later. The completion status of all surveys for each facility will be published on the DCH website on or after the survey due date. **It is extremely important that you retain a copy of your completed survey (both the Access database and a printed copy).**

Revising or Amending the Survey – Pursuant to Rule 111-2-2-.04(1)(e) surveys that are received and determined to be complete by the Division of Health Planning may not be revised after the survey due date without approval by DCH. Requests to revise must be submitted in writing to the Division of Health Planning with a detailed explanation of the revisions and any necessary documentation. The Division of Health Planning will consider revisions on a case-by-case basis and reserves the right to deny a request to revise. The Division may also determine that additional data, information, or documentation is needed to support the proposed revisions.

INSTRUCTIONS FOR COMPLETING THE SURVEY FORM

The Access database file may either be downloaded to a single computer or to an internal computer network. The database can be placed on a network so that multiple users can access and complete (or review) the survey at different times. Please be sure not to make copies of the database. Only one version of the database should be sent to DHP. The Access file should open automatically to an opening screen where you can select a form to complete or view. You should be able to print a blank copy of the survey from the “print” button included on each form or from the opening screen. Enter your facility’s data using the survey form. Please be sure to provide an answer in every question. If the question does not apply to your facility please indicate “not applicable”. Access does not have a “save” feature like other applications. Each change you make to the form will be saved automatically.

INSTRUCTIONS FOR COMPLETING THE SIGNATURE FORM

The database contains two types of forms. The first type is the survey form described above. This form is used to collect utilization data and information. The Signature Form is where the facility’s chief executive or administrator electronically authorizes the survey for release to the Department of Community Health. The facility’s chief executive officer or administrator must sign to certify that the responses are complete and accurate for the report period specified. A typed version of the signature is being accepted as an original signature pursuant to the Georgia Electronic Records and Signature Act.

The Signature Form also will identify any out of balance edit checks and any validation rule criteria that are not correct. The edit checks must be resolved before the authorized signature will be accepted by the database. For example, if your total patient counts are not in balance when requested, then the Signature Form will indicate that they are out of balance and will not accept the authorized signature until the patient counts are corrected. In other cases, the form may provide a warning message indicating that certain data elements are out of balance or that certain responses are not valid either for your facility type or authorization. In these instances, unresolved issues must be addressed by an explanation in the provided comments box if the data is not changed or amended.

Data Validation Requirements – All edit and balance requirements and all required fields must be completed before the facility’s administrator or chief executive can authorize the survey. You can determine if the required survey totals are in balance and that all required items are complete by clicking the “View Error Messages” button in the Data Validation Requirements section at the top of the Signature Form. This button produces the Data Validation Report containing a description of any out of balance totals and any required data items that are missing. The Data Validation Report can be printed and should be rerun until all items have been corrected. **Each item on the Data Validation Report must be corrected before the form will accept the authorized signature.**

INDIGENT CARE TRUST FUND ADDENDUM:

The Indigent Care Trust Fund (ICTF) Addendum should be completed by any hospital which participated in the Indigent Care Trust Fund during Hospital Fiscal Years 2004 or 2005. Participating hospitals should complete both the 2004 and 2005 forms and must complete the Signature Form. Start with the 2004 form.

1. ICTF Participation - Indicate if your hospital participated in the ICTF for hospital fiscal year 2004 or 2005 by clicking in the check box. You must complete both forms. If your facility did not participate in the ICTF in one or both of the hospital fiscal years 2004 or 2005 do not place a check in the check box but do enter zeros in questions 2 and 3 below.

2. ICTF Expenditures for Hospital Services - This section tracks the appropriate utilization of ICTF funds and it should be completed by hospitals that received ICTF funds during the reporting period. Please report total charges for persons served in whole or in part by ICTF funds across two qualifying categories: Medically Indigent at or below 125% of FPG (Line A) or Medically Indigent between 125% and 200% of FPG (Line B). (A limited number of facilities will have a Department-approved policy for certain specified categories of service, and the charges for these services should be reported on Line C.) Then, report the amount of the total charges that were covered by ICTF funds and the number of patients served (the unduplicated count of patients associated with the total charges across all categories).

Charges and patients should be spread across one or more of the three state fiscal year columns, depending upon the specific reporting period of the hospital. For example, a hospital with a fiscal year/cost report period of April 1, 2003 through March 31, 2004, would be expected to report charges and patients in Column 1 (SFY2003) and Column 2 (SFY2004); whereas a hospital with a fiscal year/cost report period of October 1, 2003 through September 31, 2004, would be expected to report charges and patients in Column 2 (SFY2004) and Column 3 (SFY2005).

3. ICTF Primary Care Project Expenditures – In this section please report utilization of ICTF Primary Care Plan funds by specific project as approved by DCH. For completed projects, please provide the financial detail to allow for project closeout. Expenditures and cumulative data for each project should be included to reflect activities for the time period covered in each ICTF Addendum form (HFY 2004 or 2005).

Questions regarding data in this addendum should be directed to Margaret Price at (404) 651-7898 or by email to mprice@dch.ga.gov.